# Privacy Complaint

**PATIENT INFORMATION:**

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<tr>
<th>Last Name:</th>
<th>First Name:</th>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<th>Phone Number:</th>
<th>Date of Birth</th>
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Use this form to submit a complaint about the Clinic's (list the name and location of the Clinic below) privacy practices and/or our compliance with our Notice of Privacy Practices or state and federal privacy laws and regulation. The Clinic will not retaliate in any way and submitting a complaint will not influence your treatment, payment, enrollment or eligibility for benefits.

Once we receive the complaint form, we will conduct a timely and impartial investigation of your complaint and provide a written response upon completion of our review. Please provide all details related to the privacy complaint.

**Date of Incident:**

**Name of Facility:**

**Location of Incident:**

Please describe your Privacy Complaint in detail. Attach additional details on a separate sheet as needed:
Privacy Complaint

SIGNATURE REQUIRED

__________________________________________________________  __________________________
Patient Signature: Date:

__________________________________________________________  __________________________
Legal Representative Signature (if needed): Date:

__________________________________________________________  __________________________
Name of Interpreter/Translator (if required): Date:

Please note: If you are a legal representative for the patient, you must attach copies of your authorization as required by state law to represent the patient – for example, healthcare power of attorney, healthcare surrogate, living will, or guardianship papers.

To prevent a delay in fulfilling your request, please verify all fields on this form are complete and accurate. If information is missing, we will return the form to you for completion. Please attach a separate sheet if you need more space.

Please send this form to:

Care Delivery Organization
Attn: Compliance Department
6416 Old Winter Garden Rd.
Orlando, FL 32835
1-866-222-0403

OFFICE USE ONLY

Employee Submitting Complaint  ________________________________
Date Submitted to Compliance  ________________________________ Date received by Compliance  ________________________________
Compliance Professional  ______________________________________
Investigation Started  ________________________________ Investigation Completed  ________________________________
Compliance Professional Signature  ______________________________________